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EUGENE M. CUMMINGS PC

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PTO/SB/63 (09-04)
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/626,442
Filing Date	Jan. 23, 2003
First Named Inventor	Frenk Scazzalavo
Art Unit	
Examiner Name	Ruth Rodriquez
Attorney Docket Number	

To: Commissioner fo P.O. Box 1450 Alexandria, VA 22								
Please withdraw me as attorney or agent for the above identified patent application, and								
all the attorney	s/agents of record.							
the attorneys/a	gents (with registration number	rs) listed on the	atlached pap	er(s), or	-a-4		~ - `-	
the attorneys/agents associated with Customer Number								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are: Mr. Scazzafavo has not responded to any of my inquiries at his test know address. I have also not been able to reach him via telephone. My last contact with him was in March of 2003.								
	CORRESPO	ONDENCE A	DDRESS	3				
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Signature MAY	Ma DANYh							
Name Cynthie Smill	1		Regi	stration	`	53,608		
Date Merch 29, 20	Telephone No. 773-562-5438			2-5438				
NOTE: Withdrawal is effective w	vhen approved rather than when receiv se or possible extension period, the rec	ed. Unless there are	et least 30 days omelly disequity	batween e	ipproval o	s withdr	awel end the supiration	

This extention of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, indusing pathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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